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## DEPARTMENT OF HEALTH

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To whom it may concern;

Each year, a vast amount of information and data is collected as part of the federal application for MCH funding. In addition to federal reporting, the MCH Services Block Grant data are used to prioritize initiatives related to the MCH Needs Assessment. Title V legislation directs states to conduct a statewide MCH Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, infants, children, adolescents, and individuals with special health care needs. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle.

The previous Maternal and Child Health Division Head, Aileen Solaita and the American Samoa Maternal and Child Health Title V Program (ASMCH) Staff was tasked to spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes.

Unfortunately, the Needs Assessment data was not validated by the department's Health Information Systems office (HIS) Epidemiologist, Mr. Scott Anesi, who agrees that there is lack of substantial data to back-up the Needs Assessment process and findings. There was lack of coordination and reporting by the previous MCH Coordinator with/to the MCH Director and hence there is no evidence that such a Needs Assessment and Prioritization of Health Needs was made. There is lack of confidence by the Department of Health that the Priority Needs and State performance measures identified in original application was achieved in a well-coordinated, comprehensive, documented process or that informed decisions were made with key leaders, stakeholders, families and community to provide input or feedback with the final application prior to submission.

As MCH Director, I request that your office will grant another chance for ASMCH to conduct a second Needs Assessment in the first 6 months of FY2016 in order to establish a more definite baseline data. American Samoa will then work closely with providers and key stakeholders including family advocates and the community to prioritize health needs and enable informed decisions to finalize our State Performance Measures. In the past month, ASMCH have been working closely with the HIS office to retrieve as much information and data currently in the MCH database but Mr. Scott is willing to take the lead in conducting the second Needs Assessment with the assistance of the SSDI grant. The SSDI Coordinator, Susan Valoaga,

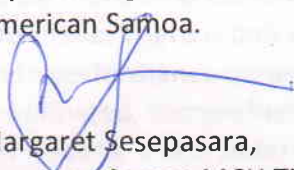
CYSHCN Coordinator, Jacinta Tialavea and Mrs. Solaita have all been terminated by the Department for various reasons including mismanagement of programs and not performing with the best interest of the Department of Health (DOH).

I have recently appointed Dr. Anaise Uso as the Acting Program Coordinator (until JD is officially adjusted by Department of Human Resources). Dr. Uso will also be the CYSHCN Director and will work closely with CSHCN Program Coordinator and staff to ensure all their program and staff needs are addressed by the MCH Director. Occupational Therapist Mrs. Ipu Eliapo will be the CYSHCN/RHD Coordinator and will be overseeing the CYSHCN staff with their daily operations as well as ensure that families and their needs are addressed by staff and/or providers and stakeholders.

Mr. Anesi will be overseeing all SSDI activities (and/or until an SSDI Coordinator will be hired and who will be working closely with Mr. Anesi) and who will collaborate with the MCH Program Staff to improve MCH Data Capacity and reporting.

American Samoa, along with many national and regional organizations, is exploring options to improve health in communities through increasing collaborative relationships between primary care providers and public health. Successful models of integration share common goals of improving population health, involving the community in defining and addressing needs, relying on strong leadership across disciplines, and sharing data and analysis. Systems integration is taking shape in American Samoa with focus on areas including prenatal care and education, oral health, prevention of Rheumatic Heart Disease, developmental screening, immunization and childhood obesity. The MCH Program values its partnerships and collaborations. Together, we can achieve the common goal of improving the health of mothers, children, and families in American Samoa.

Thank you for all your great work and continuous support to ensure our maternal and children population get their health care needs addressed in order to reduce health disparities in American Samoa.



Margaret Sesepasara,  
American Samoa MCH Title V Director  
Department of Health